# Minister's Response

## to the 1999 Forum on Health and Social Services

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July 2000

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Northwest Territories Health and Social Services

# Message from the Minister

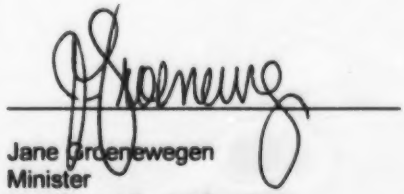
During public consultations in 1999, the Minister's Forum heard from over 800 groups, agencies and individuals about how to improve our system of health and social services. Forum members listened to Northerners' concerns and possible ways to address these concerns. Then the Forum had the challenging task of summarizing what they heard into a report.

The consultations and final report provide this government with an opportunity to evaluate our priorities and current actions. We know that the health and social services system in the NWT is facing increased challenges in delivering quality and timely care to the people of the North. The changing nature of our population as it expands and ages, our vast geography, and higher-than-national rates for some areas of health (as highlighted in our *Health Status Report*) are placing increasing demands on the system. Workable solutions are needed now if we are to continue to meet the needs of our people.

As the Forum consultations show, our strategic plan continues to point our efforts in the right direction. We are working towards a system of services that is "people-focused" — one that places the needs of the individual and family first, and finds community-based solutions to our health and social issues. The Forum has also identified areas which require more focus and more progress. This report summarizes our response to these recommendations and identifies the work we will do to address the issues raised by the Forum.

While I agree that the issues raised by the Forum are very important, there are some additional issues that deserve our attention. These include issues about our children and youth (such as child welfare and protection), finding ways to reduce preventable health and social conditions (including injuries), and reforming primary health care in the NWT. There is also the need to raise awareness about the role each of us plays in making responsible choices for ourselves, our families and our communities. The Department's 2000-04 business plan identifies actions to address these areas as well as those raised by the Forum.

I wish to thank the Forum members and all those who participated in the consultations for their contribution to Forum activities. The work to improve our system is ongoing — I look forward to providing updates on our progress and I welcome comments from all agencies and the public on this work.



Jane Groenewegen
Minister
Health and Social Services

# Table of Contents

Introduction . . . . . 1

Background . . . . . 2

Governing the System . . . . . 4

Strengthening Our Workforce . . . . . 12

Focus on Substance Abuse . . . . . 20

Improving Our Partnerships . . . . . 26

Measuring Our Progress . . . . . 32

Other Issues . . . . . 34

Action for 2000 . . . . . 39

# Introduction

On April 28, 1999, then Minister of Health and Social Services, Floyd Roland, announced the creation of the Minister's Forum on Health and Social Services. The Forum comprised a panel of members who conducted consultations and received submissions from stakeholders across the NWT.

The Forum's mandate was to make recommendations to sustain and improve the NWT's health and social services system without increasing expenditures. The Forum was, in part, convened to determine if the Department of Health and Social Services' strategic plan, *Shaping Our Future* [1], continues to reflect the priorities and needs of Northerners in the "new" NWT. Consultations focused on four areas: governing the system, stabilizing human resources, ensuring financial sustainability and improving program and service delivery.

The Forum Panel presented their final report, entitled *Our communities, Our Decisions: Let's get on With It* [2], to the Minister who then tabled the report in the Legislative Assembly on February 24, 2000. The report was distributed to a wide number of government and non-government agencies. It contains five recommended priority areas of action, with 26 more specific tasks and several other recommendations or concerns.

This document provides the Minister's response to the Forum's recommendations. For each priority action area, the document provides an overview of the actions the Department will take, identifies links between the Forum's recommendations and the Department's strategic and business plans, and highlights work already underway.

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1 *Shaping Our Future: A Strategic Plan for Health and Wellness*. June 1998. Department of Health and Social Services. 32pp.

2 *Our Communities, Our Decisions: Let's Get On With It!* Final Report of the Minister's Forum on Health and Social Services. January 2000. Department of Health and Social Services. 40pp.

# Background

The Minister's Forum final report references a number of activities and reports that have contributed to the shaping of our health and social services system. These activities and reports are summarized to provide background to our response.

In 1993, the Special Committee on Health and Social Services presented a comprehensive report, *Talking and Working Together*[3], to the Legislative Assembly. This committee, made up of Members of the Legislative Assembly (MLAs), was instructed to consult with the public and a wide range of stakeholders on "*all matters dealing with health and social services ... including housing, lifestyle, the economy and the environment.*"[4] The recommendations of the Special Committee were instrumental in the amalgamation of health and social services under a single department. This amalgamation continues to be a positive force in improving all aspects of service delivery, including improved coordination and management of services and greater collaboration of front-line workers.

In 1995, the Department began a strategic approach towards improving the health and well-being of Northerners. We actively pursued the involvement of other departments and non-government organizations (NGOs) to identify the underlying causes of poor health and determine how, through partnership and empowerment, individual and community health could improve. This work resulted in the report, *Working Together for Community Wellness: A Directions Document*[5], as well as the inter-departmental Community Wellness initiative. This document continues to guide the ongoing wellness work of the Department of Health and Social Services.

In 1996-97, we continued our strategic planning activities. A team of consultants from Med-Emerg International Inc. assisted the Department in preparing a discussion document for the purposes of developing a strategic plan for the NWT

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3 *Talking and Working Together.* Final Report of the Special Committee on Health and Social Services. November 1993. NWT Legislative Assembly. 61pp.

4 *Ibid.* pp.v

5 *Working Together for Community Wellness: A Directions Document.* April 1995. Departments of Education, Culture and Employment; Health and Social Services; Justice; Municipal and Community Affairs; NWT Housing Corporation. 59pp.

health and social services system. This document, also known as the *Med-Emerg Report* [6], included 49 draft recommendations, some of which were broad and related to the entire health and social services system, and others which were more detailed and focused on the operations of the boards. The report was circulated widely as part of consultations to determine what should be included in our strategic plan.

In 1998, we completed our strategic plan, *Shaping Our Future*. This plan identifies 22 long term strategic directions for the health and social services system. Our strategic plan continues to guide the more detailed and shorter-term planning by all partners within the system.

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[6] *Northwest Territories Health and Social Services Draft Strategic Plan: A Review and Recommendations for an Integrated Health and Social Services System in the Northwest Territories, Canada.* (Med-Emerg Report) May 1997. Med-Emerg International Inc. 230pp.

# Governing the System

## Forum Action Priority

**Initiate a new way of governing health and social service programs in the Northwest Territories.** Transfer authority, responsibility and related management and funding of health and social services and programs to the people they serve. Involve people served in management decisions.

## Minister's Response

The system of health and social services has grown and changed significantly since 1968, when the territorial government created the Department of Social Development. At that time, and until 1988, health services were delivered by the Federal Government, with limited territorial involvement.

Up until relatively recently, regional operations for health and social programs were administered very differently, with health services managed by boards and social services managed by the Department through regional offices. In 1993, the Special Committee on Health and Social Services recommended bringing health and social programming together under a single department to improve coordination and integration of services. In 1997, amalgamation of health and social services was completed with regional and community health and social services managed by single boards of management.

Following division of the NWT, the government of the NWT has renewed focus on how government programs are managed and administered. We have an opportunity to better align the structure of public government with community and regional interests.

A high priority has been placed on improving the current structure and management of the health and social services system. Our strategic plan identifies the need to clarify roles and responsibilities of the various partners in the system, including the Department, boards, professional associations, NGOs, other GNWT departments and Aboriginal agencies. Our business plan states our commitment to accountability by introducing a system-wide planning and reporting process. We are preparing a document which clarifies roles and responsibilities of the Department and boards, and will be developing criteria for board establishment. We are also improving our process to develop and monitor compliance to standards.

Finally, it should be noted that boards already have considerable latitude for making decisions on program delivery and funding expenditures. The Department has almost entirely divested itself of all direct service delivery — its role is one of setting common direction, policies and standards for the system, and monitoring compliance. The vast majority of services are provided directly by boards. Boards have control over the funding for these services and they determine the best methods of providing them to their communities.

## Detailed Response to Forum Task Items

### Forum Recommendations

**Task 1** **Initiate a new way of governing health and social service programs in the Northwest Territories.**

**Task 2** **Define who should make up board membership.**

The Department agrees that there is a need to set criteria for the number and type of boards within the health and social services system. The Inuvik board identifies two fundamental criteria that must be considered — efficiency and effectiveness — and recommends a balance be struck between these two factors. These criteria will help the Department ensure that the system of health and social services develops in a sustainable manner, while guaranteeing that people have input into how services are provided. The Department has been directed to prepare criteria during 2000-01.

Defining the makeup of boards will flow out of criteria for the establishment of boards. Board membership is currently determined according to the founding legislation for each board. For boards established under the *Health Insurance and Health and Social Services Act* (HIHSSA), trustee candidates are identified by the community and the Minister appoints the most appropriate candidates based on the skills and experience of the individuals and the current requirements and composition of the board. For boards established under other legislation, the Minister does not appoint trustees: trustees are identified based on the legislative requirements for each board.

Board trustees will continue to be identified as per the legislative requirements for each board. It should be noted that boards can request the Minister to change the composition and size of their board in order to more appropriately reflect their mandate and responsibilities.

**Forum Recommendation**

**Task 3 Clarify the roles and responsibilities of each player in the health and social services delivery system.**

We agree that more work needs to be done to improve understanding of the roles and responsibilities of the various partners in the NWThealth and social services system. Clear understanding of what each partner does will reduce gaps and inefficiencies in service delivery. It will encourage sharing of ideas and resources to improve services.

A number of documents describing Departmental roles and responsibilities, as well as those of the boards, are already in place. While a Ministerial Directive identifies board roles and responsibilities, including those core services that must be provided, the Establishment Policy defines the roles and responsibilities of the Department. This year, the Department will prepare and distribute a document further clarifying these roles and responsibilities. In addition, the Department is introducing a quarterly newsletter which will include profiles of various partners — by profiling agencies and their activities, we can help increase awareness and understanding of each other's mandates.

With a system that is as complex and dynamic as ours, it becomes critical that all partners take an active role to understand their roles and responsibilities and how they "fit" into the system. Orientation of new staff in all organizations and at all levels is an important activity. During 2000-01, the Department will introduce employee orientation manuals for its own staff and for new board employees. These manuals will, among other things, provide an introduction to the health and social services system in order that staff have an understanding of the NWT system. We encourage other partners to provide orientation to their employees or membership.

The proposed GNWT volunteer strategy (lead by Municipal and Community Affairs) includes work to clarify roles and responsibilities among governments, boards, agencies and the volunteer sector, including NGOs. This work will be helpful to the Department and boards in establishing a common framework for working with NGOs in the health and social services system.

**Forum Recommendations**

**Task 4** **Devolve responsibility and funding to boards for most health and social services programs.**

**Task 5** **Establish a procedure for flowing board responsibilities to communities.**

The Department recognizes the need and desire for people to be actively involved in shaping the delivery of programs and services in their communities. Programs and services must be responsive to the unique priorities and issues of the community(s) being served.

At this time, boards have control and responsibility for managing the vast majority of health/social programs and services. As mentioned earlier, boards have considerable latitude for making decisions on how best to provide services to their communities. Boards also have the flexibility to allocate funds based on the priorities of their communities. The Department has almost entirely divested itself of all direct service delivery — its role is one of setting system-wide direction, policies and standards, while also monitoring compliance, providing advice and support, and ensuring equitable funding of all parts of the system.

Communities currently participate in setting priorities and decision-making through membership as trustees on boards. Consequently, trustees play a vital role in representing the interests of their communities. Orientation of new trustees is essential if they are to fulfil this role. Equally important is ongoing communication between the organization and the trustees, and between trustees and their communities.

**Forum Recommendation**

**Task 6 Improve allocation of financial resources to board through funding methods which reflect population characteristics and board responsibilities.**

The development of a funding formula that is both transparent and fair has been a challenge. The current funding arrangements largely reflect historic funding, with adjustments being made in response to the relatively recent creation of a number of boards and the annual spending patterns of boards.

Boards have indicated that, in addition to population characteristics, a funding formula must consider the movement of people between communities, particularly for communities which draw large numbers of people for sustained periods of time (e.g., students going to Aurora College, people requiring specialized services found only in certain communities, seasonal or tourist attractions). These communities must have adequate resources to provide services for these groups of people while continuing to meet the needs of their residents.

Work on a funding formula has been ongoing. A draft was developed and assessed by the boards and an independent consultant. A revised funding formula is being developed during the current fiscal year. Consultation and implementation is to take place during the 2001-04 planning cycle. The implementation of the revised funding formula will need to be phased in to ensure a smooth transition.

The Surplus/Deficit Retention Policy permits boards to incur surpluses or deficits — this policy was developed to permit boards greater flexibility in managing their finances, particularly should they incur unexpected costs or need flexibility to implement multi-year initiatives. Should boards incur either a surplus or deficit, this policy requires boards to provide to the Department a plan which identifies how they

will address their financial situation.

**Forum Recommendation**

**Task 7 Deliver specialized programs via boards through a series of shared services agreements.**

Boards have taken steps to establish shared services agreements to improve the delivery of programs and services. Boards have signed an agreement that provides a framework for partnerships. The Department and boards will continue to assess areas of potential for shared services delivery.

It should be noted that, prior to this framework agreement, boards already had shared services arrangements for certain program and administrative areas, including public health, pharmacy and vaccine purchasing. These arrangements are not formalized under shared services agreements but they are identified in board contribution agreements with the Department.

**Forum Recommendation**

**Task 8 Integrate front-line health and social services workers into cohesive teams focused on individuals and families.**

The Department fully endorses this recommendation and will commit to identifying ways to foster team development in front-line workers. As the Fort Smith board stated, "*in our experience, [integration] improves communications, quality of care, employee job satisfaction and client satisfaction.*"

During 2000-01, the Department is developing a made-in-the-NWT model for the delivery of primary health care. This new model has, as a fundamental feature, a team-based and client-focused approach for service delivery. Teams will include nurses, social workers, physicians, mental health/addictions workers, community health representatives, community wellness workers and other front-line staff from

the community and other departments.

Developments in alternative payment models for physicians are also permitting opportunities for team building. Under new contact arrangements, physicians will become part of the boards' front-line staff.

Co-location of staff in the communities is an important means to foster team building. Co-location often requires substantial resources to bring people together under one roof. Because resources are limited, co-location is proceeding as resources for new buildings and renovations become available.

**Forum Recommendation**

**Task 9 Make boards accountable to the people they serve.**

It is vital that boards be accountable to the people they serve. Boards were created to respond to the priorities and issues of the population they serve.

There are several ways that we can improve accountability across the system. An accountability framework for health and social services boards has been developed which focuses on improved monitoring and reporting. Improved planning and reporting processes are being introduced as part of this framework during 2000-01. As the Yellowknife board commented, "*the business planning process of each board, and subsequent board annual report, should go a long way to addressing accountability to the people of the NWT.*"

The Department is also working with boards to develop standard policies and procedures for public complaints in order to improve board response and accountability.

While boards must be accountable to the people they serve, it is important to note that boards are not autonomous agencies — they are also accountable to the Minister. Boards must ensure that core services are delivered in an appropriate and effective manner, according to standards set by the Department. Boards must manage their financial resources according to recognized practice standards. It is also expected that boards work together to ensure that the network of services meets the needs of all NWT residents.

## Links to Our Strategic and Business Plans

| Strategic Plan (Strategic Directions) | Business Plan for 2000-2003 (Initiatives) |
|---|---|
| • improve management of the system by clarifying roles and responsibilities of the department, boards, private service providers and nonprofit organizations<br><br>• improve the overall functioning of the public system of health and social services by promoting strong relationships between agencies and governments<br><br>• improve allocation of financial resources to boards through funding methods which reflect population characteristics and board responsibilities<br><br>• improve service delivery by developing the role and scope of northern front-line professionals in the health and social fields<br><br>• increase partnerships within communities to improve service delivery and strengthen social supports | Board and Governance Reform<br>• develop clearer reporting and accountability requirements for system partners<br>• develop clearer working relationships for system partners<br>• continue to develop appropriate funding arrangements for boards and NGOs<br>• continue to align relationships between agencies with similar local, regional and territorial mandates<br><br>Human Resources Initiative<br>• expand current model of primary health care delivery to include a multi-disciplinary approach<br>• foster team building across disciplines at the community level<br>• expand physician roles to include emphasis on team and skills building at the community level |

# Strengthening Our Workforce

## Forum Action Priority

**Give people the training and tools to do the job.** Support the transfer of health and social services responsibility with training, skills development and resource programs.

## Minister's Response

Labour force development can not be addressed in a single policy or action. A broad range of programs and services are required that support people in developing skills and making transitions into high demand areas of the labour market. One of the challenges in the NWT is that there are not enough people with the basic skills necessary to complete the more advanced training programs required for most health and social services positions. Improvements in this area are happening, but even the most rapid educational programs cannot not alleviate the human resource pressures we are currently experiencing — students pursuing most professions require several (if not many) years of schooling combined with orientation to the NWT workforce.

The government, through Aurora College and the Department of Education, Culture and Employment, is working to ensure that Northerners develop the basic skills necessary for a wide range of employment. As result of these efforts, over time, there will be an increasing number of Northerners with the capacity to enter health and social services fields.

In 1998, the Department introduced the Northern Development Program to encourage Northerners to pursue careers in the health and social service professions. The program offers:

- orientation of high school students to the various professions;
- financial support to students through bursaries;
- mentoring opportunities; and

- placement opportunities with the Department and boards both during and after academic training.

The Department is working with Aurora College to explore the development of educational programs that are tailored to developing health and social services professions for the NWT system of service delivery. This includes identifying training needs for community health representatives (CHRs) as a first step in reestablishing the CHR program. The NWT Registered Nurses Association is working with us to create a flexible approach to nursing education, which includes the introduction of made-in-the-NWT nurse practitioners.

The Department is working with a variety of agencies and groups to improve supports to professionals in performing their jobs. For example, a professional development fund for social workers and nurses has been implemented which enables participation in educational sessions, conferences, peer networking and in-services training. We have also established a Workplace Safety, Health and Well-being Committee to develop an action plan which promotes a positive and safe work environment for all our professionals.

This year, we will also be developing a comprehensive human resources plan in order to examine a wide range of issues for all professions in our workforce. The plan will address professional development, competency based training, peer support and career pathing. This plan has a goal of building a competent and stable northern workforce.

## Detailed Response to Forum Task Items

### Forum Recommendation

**Task 10 Accelerate efforts to increase the number of Northerners in health and social services jobs.**

The Department supports the need to have a stable, northern workforce. Significant efforts in the area of promotion of health and social services careers and employment opportunities in the NWT are underway. Training, mentoring and ongoing support for new and existing front-line staff have been established, particularly in areas that continue to experience chronic staffing turnover and

shortages. These activities are part of the Department's Recruitment and Retention Strategy, begun in 1998. This work includes the establishment of the Northern Development Program which promotes health and social services careers for Northerners.

In addition to these activities, other work is underway for 2000-01. For example, a comprehensive human resources plan will be developed this year. This plan will broaden our recruitment and retention efforts to include all health and social services professions. In addition, a new bursary program for physicians is being introduced, which will provide financial assistance to northern students in exchange for a "return of service" agreement. Finally, a new primary health care model will be developed for the NWT — this model will promote team building and support for all front-line workers, particularly those at the community level.

**Forum Recommendation**

**Task 11 Establish a separate bargaining unit for health and social services workers with the Union of Northern Workers.**

The Department does not have the authority to establish a separate bargaining unit. The GNWT is bound by the *Public Service Act* in which the Union of Northern Workers is identified as the sole bargaining unit for GNWT employees. Therefore, any changes in bargaining units would require legislative changes. It should be noted that separate bargaining units are possible (and one already exists) for boards which do not have GNWT employees.

The Department recognizes the unique human resource issues that exist for health and social services workers. As the Inuvik board indicated, "*it is almost universally accepted that working conditions for health and social service workers differ greatly from other sectors — private or public.*" While the Department is not in a position to establish bargaining units on behalf of its employees, we can continue to work with our employees to address these human resource issues.

**Forum Recommendation**

**Task 12 Establish competency based assessment for community health workers and alcohol and drug workers and mental health workers.**

We agree that the health and social services system needs to move to a competency-based approach to identifying the skill level and training requirements for various professions. As of April, 1998, the GNWT implemented a new (Hay) job evaluation system which is based on "know-how", working conditions, extent of problem solving and accountability required in a job, in addition to education levels. This new approach sets the stage for introducing competency-based requirements for various professions within the GNWT workforce.

In 1996/97, funding for community-based programs in the areas of mental health and addictions was transferred to the boards. This move brought the management and administration of these funds closer to the communities so that community-based programming could better respond to the priorities of these communities. Boards are in a position to respond to the findings of the Forum regarding the needs of front-line workers in their communities, including those in the mental health and addictions fields.

Boards are responsible (and have most of the resources) for staff development and training of front-line workers. However, the Department has been working with boards to implement staff development and training sessions in the mental health and addictions areas. For example, the Department will continue to offer the suicide prevention training program — this program includes many front-line workers who are responsible for delivering mental health services. In addition, we are providing staff development for addictions workers through the National Native Alcohol and Drug Addictions Program.

**Forum Recommendation**

**Task 13 Enact licensing standards for health care professionals.**

The Department supports limited implementation of this recommendation. Currently there are nine health professions which are regulated in legislation, only one of which is self-regulating (nurses). The other eight health professions are regulated by the Department. The relatively fewer numbers in these professions may not be sufficient to warrant self-regulation. While it is important to ensure the regulation of health practitioners, there are limitations to what is possible in terms of human and financial resources.

The Inuvik board has suggested that we explore "*agreements with provincial professional organizations where the number of people in a certain profession does not warrant or could not support a stand-alone NWT organization.*" Such professional associations already exist — for example, the Association of Social Workers in Northern Canada represents the interests of social workers in the NWT, Yukon and Nunavut — and it will be possible to explore other options for collaboration.

Regulation of professions typically includes identification of competency requirements for registration. Regulation is an important means of ensuring that public interests are protected in terms of professional qualifications, skill level and conduct. The future regulation of currently unregulated health and social services professions is being examined as part of a health and social services professions legislative review.

**Forum Recommendation**

**Task 14 Develop and implement an orientation program for all new health and social services staff.**

As mentioned previously, the Department will introduce employee/orientation manuals for its own staff and for new board employees during 2000-01. These

manuals will, among other things, provide an introduction to the health and social services system in order that staff have an understanding of our system.

Boards have, or are developing, orientation activities for their staff. In addition, the NWT Healthcare Association offers board development training to board trustees.

**Forum Recommendation**

**Task 15 Increase utilization of recognized traditional healers in the NWT.**

The Department recognizes that the Aboriginal community is best suited to determine who are competent traditional healers. The responsibility and control of traditional healing rests with Aboriginal people. For these reasons, the Department must be careful to act in a supportive role so as to not interfere with traditional health and healing practices. The system can continue to facilitate access to healers, and provide orientation to professionals about the role of traditional healing.

Over the past several years, the Department has worked with Aboriginal partners and health professionals to explore the issue of traditional health and healing within the NWT health and social services system. This work will continue. In addition, the Department and boards are strengthening partnerships with the Aboriginal community in order to develop health and social programs and services that are consistent with the customs, culture, values and languages of the people being served.

**Forum Recommendation**

**Task 16 Implement a "float" system to fill peak demands for services.**

A locum relief program for physicians has recently been introduced through an agreement with Alberta. Float systems for other professions must be evaluated in

light of profession-specific requirements or needs. The Department and boards need to determine if floats for other professions are cost-effective, given that many professions do not have high numbers of professionals in the workforce. In addition, it should be noted that float pools are difficult to establish given the current shortages in permanent staff for a number of professions.

Boards have the ability to establish floats and put in place measures to address staffing coverage and workloads. The establishment of float systems for GNWT employees requires collaboration with the Union of Northern Workers. Progress has been made for nursing. For example, the Fort Smith board has recently achieved a letter of understanding with the union to create a "designated relief nurse" position.

Adequate staffing resources for the social work profession has been identified as a significant issue by the Child Welfare League of Canada.[7] The Department will be developing a comprehensive human resources plan that considers human resource issues for these workers as well as other front-line workers.

**Forum Recommendation**

**Task 17 Introduce Telehealth to all NWT communities as quickly as possible.**

The Department supports the use of Telehealth as a means to improve service delivery in the NWT; however, the introduction of Telehealth and other new technologies must be well paced and coordinated. It is well known that medical and technological advances are making new health procedures and interventions possible or more readily available. However, these procedures or technologies are often very expensive and are often needed for rarer health conditions. Such advances can place a significant drain on other programs or services needed more frequently by more people.

These advances can also dramatically change how professionals carry out their duties and introduce questions about training and competencies using these new

[7] *It Takes A Community: A Report to the NWT Department of Health and Social Services on Child Welfare Services in the Northwest Territories.* May 2000. Child Welfare League of Canada. 84pp.

technologies. The move to invest in these technologies, including Telehealth, will need to be done with a solid understanding of what positive and negative impacts these innovations may have on our system. The Fort Smith board also stated that issues may be "*related to 'growing pains' ... and that the system will prove its worth as everyone attains a high level of understanding of where and how [the technology] should be used.*"

We are pleased to report that WestNet Telehealth has been successfully implemented at three sites within the NWT, with four more sites to be added this year. The potential (and rate) for Telehealth to expand to other communities will depend on a number of factors, including availability of the necessary telecommunications infrastructure, the type of services to be offered via Telehealth and the evaluation of Telehealth services already in place.

## Links to Our Strategic and Business Plans

| Strategic Plan (Strategic Directions) | Business Plan for 2000-2003 (Initiatives) |
|---|---|
| • improve quality of care by creating a stable, northern workforce<br>• improve service delivery by developing the role and scope of northern front-line professionals in the health and social fields | Human Resources Initiative<br>• provide opportunities for Northerners to pursue careers in health and social services professions<br>• continue to stabilize the workforce through recruitment and retention strategies<br>• expand current model of primary health care delivery to include a multi-disciplinary approach<br>• foster team building across disciplines at the community level<br>• expand physician roles to include emphasis on team and skills building at the community level<br><br>Informatics Plan<br>• continue to explore and expand on telehealth opportunities that are appropriate for the NWT |

# Focus on Substance Abuse

## Forum Action Priority

**Deal more effectively with substance abuse in the NWT.** Put health and social services dollars where they are needed most. Concentrate efforts on reducing abuse, which is responsible for increasing costs of health and social services programs, and drives up costs for education and justice.

## Minister's Response

Addictions represent, without a doubt, one of the most pervasive and destructive conditions of NWT people. Alcohol and drug abuse are often the most visible signs of serious, unresolved mental and/or emotional issues. These issues may be related to sexual, physical or mental abuse, violence or crime, low self-esteem, poor social supports or combinations of these and other factors. Addictions also contribute to social dysfunction, family violence, abuse to others and serious health consequences. Together, these issues exact a debilitating cost to the individual, their families and their communities.

As the Forum report states,

> *"Substance abuse problems in our communities are deeply rooted and of long standing ... There is no quick fix for the situation, but the situation has to be addressed, and appropriate programs, funds and resources must be allocated to alleviating the abuse and addiction problems in our communities."* [8]

Addictions and mental health continue to be a Department priority. In 1996/97, we began a process of reforming addictions programs in order to move to more community-based, responsive methods of treatment and aftercare. In 1999, we teamed mental health with our addictions work to place greater emphasis on the intrinsic relationship between poor mental health and alcohol and substance abuse.

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[8] Final Report of the Minister's Forum on Health and Social Services. pp.22

This year, we are building on this earlier work. The Department is preparing a strategy and action plan to improve mental health and addictions programming across the system. We are conducting a mental health survey to assist in identifying issues and needs. We are exploring alternative types of treatment, recovery and healing that recognizes different needs relating to gender and age. Mobile treatment programs for women are being piloted this year, and we are working with our federal counterparts to improve access to wellness funding for community groups.

Investment in healthy beginnings for our children and youth is a critical part of addressing addictions. Strengthening social supports for those at risk will help contribute to healthier pregnancies that are free of the consequences of addictions like FAS/E. Community supports for families coping with addictions or mental health issues mean that children can grow up in more stable, caring environments that are free from physical, mental or social abuse.

These activities are features of our *Health Promotion*, *Children and Youth*, and *Mental Health and Addictions* initiatives. Without this complementary work, we are less successful in breaking the cycle of addictions and related mental and physical issues. To make a difference in the long-term health and wellness of NWT residents, the Department must invest in the next generation – our children.

## Detailed Response to Forum Task Items

### Forum Recommendation

**Task 18 Eliminate barriers that prevent addictions and other front-line staff from working effectively together.**

We strongly support action to eliminate barriers that prevent addictions workers and other front-line staff from working together. Clearly, our services must be responsive to the needs of the individuals being served, and that can only happen when all staff work together with this shared interest.

In 1996/97, the Department introduced a single point of access to addictions treatment services, with addictions workers responsible for the assessment and referral process. With this approach, the addictions workers are able to involve

other front-line workers and supports (as appropriate) in order to address the specific needs of each client.

During 2000-01, the Department is developing a made-in-the-NWT model for the delivery of primary health care. This new model has, as a fundamental feature, a team-based and client-focused approach for service delivery. This approach will improve service delivery in many areas, including addictions.

The *Mental Health and Addictions Strategy* is an initiative that has the primary goal of improving mental health and addictions services. Among other things, this strategy supports integrated case management and improved aftercare services. These two areas require that attention be paid to improving working relations between addictions workers and other front-line staff.

**Forum Recommendations**

**Task 19** **Increase funding for alcohol and drug programs.**

**Task 20** **Immediately address the shortage of addictions treatment facilities operating in the North.**

**Task 21** **Immediately address the shortage of addiction workers and the skill levels and salaries for NWT drug and alcohol workers.**

While the Department recognizes the need to improve our network of addictions programs and services, we do not believe that simply increasing funding or the level of facility-based treatment is the answer. We all know that addictions is symptomatic of significant, unresolved and debilitating mental health issues. Effective treatment of addictions requires effective treatment and healing of these underlying issues. Often, these issues are linked to the health and well-being of the individual's family or community and cannot be resolved through treatment in a facility. *Past experience has shown that people return to their families and communities with these issues unresolved, and that their addiction returns.*

What the Department does support is the appropriate investment of resources into programming which has long-term success at healing the individual. This requires

programming that connects the individual to their family and community, and services which help the individual to resolve the issues which are contributing to the addiction.

We have taken steps to make this happen. In 1996/97, funding for community-based programs in the areas of mental health and addictions was transferred to the boards. This move brought the management and administration of these funds closer to the communities so that addictions and wellness programming could better respond to the priorities of these communities.

As a result of this move, boards are in a position to respond to the findings of the Forum regarding the needs for these services in their communities, and the human resource issues for addictions workers. For example, the Dogrib board has developed its own comprehensive strategy for dealing with addictions in the Dogrib communities, and will be training a number of workers. In many cases, boards have contracted local organizations such as bands to delivery addictions programs in the community. While these arrangements offer boards and communities flexible, responsive approaches to service delivery, it also means that the skill and training requirements for workers vary across communities according to the programs being offered.

While facility-based treatment will continue to be available, the Department will, with boards and NGOs, develop alternative, community-based approaches that are more effective in treating addictions. These efforts focus on three principles: a family-oriented approach, recognition of the underlying issues of addictions; and community-based aftercare. The Alternative Programming Initiative for addictions will include development of gender-specific and youth programming. Mobile treatment programs for women are currently being piloted and a youth addictions program is expected to be piloted in 2000-01.

The Department is also working on the prevention side, with a focus on healthy pregnancies (and a reduction in the incidence of FAS/E), early childhood development, and the social and mental health of youth and young adults.

**Forum Recommendation**

**Task 22 Encourage and assist the development of ongoing community support programs for recovering substance abusers.**

The Department fully supports this recommendation. During 2000-01, we will, in partnership with the boards and NGOs, continue work on developing alternative addictions and healing programming to better address the range of addictions needs across the NWT. This includes greater emphasis on community-based aftercare and support.

We are working with the Departments of Justice and Education, Culture and Employment to respond to the healing needs of former residential students who experienced abuse.

We are currently working with our federal and territorial counterparts to improve administration of, and community access to, the various wellness funding programs. It is expected that an improved method of funding will be developed and in place for the next fiscal year. These improvements will encourage and assist communities in pursuing wellness initiatives by eliminating administrative barriers.

## Links to Our Strategic and Business Plans

| Strategic Plan (Strategic Directions) | Business Plan for 2000-2003 (Initiatives) |
|---|---|
| • improve the continuum of programs and services by removing gaps and duplication, increasing integration and improving coordination of services<br>• improve the quality and effectiveness of programs and services through increased partnerships among service providers and improved monitoring and quality assurance activities<br>• protect youth and young adults from sexual, physical and emotional abuse through increased involvement of youth, family and community in protection and awareness programs<br>• increased partnerships within communities to improve service delivery and strengthen social supports | Mental Health and Addictions Initiative<br>• alternative programming options for addictions to address gender- and age-specific issues and needs<br>• action plan to set system-wide direction for the delivery of mental health and addictions services<br>• mental health needs assessment<br><br>Health Promotion Initiative<br>• continue with work to promote healthy pregnancies and reduce Fetal Alcohol Syndrome/Effects birth outcomes<br><br>Human Resources Initiative<br>• expand current model of primary health care delivery to include a multi-disciplinary approach<br>• foster team building across disciplines at the community level |

# Improving Our Partnerships

### Forum Action Priority

**Recognize and involve NGOs more fully in the health and social services system.** Recognize and involve NGOs more fully in the health and social services system. Integrate NGOs more fully into the funding and management of these services.

### Minister's Response

During consultations to develop our strategic plan, we consistently heard that *"a strong, cohesive system can do a better job of meeting peoples needs"* and that *"all players need to work in partnership if we are to see an improvement in the health and well-being of Northerners."* [9] NGOs, including professional associations, are important partners in our system. They have many mandates, including direct service delivery, advocacy, peer group networking and regulation of professionals. These mandates can be territorial, regional or community-based.

The Department recognized that, in order for NGOs to more fully participate in the health and social services system, these groups needed to be more closely aligned with our boards with similar mandates. Funding for community and regional NGOs were transferred to community and regional boards for administration. This enabled these agencies to develop working relationships.

We have already begun to see the benefits of this approach. A number of our boards report much stronger ties to NGOs and greater participation in community and regional planning activities. In addition, NGO and board front-line workers are more aware of the services each provides, resulting in improved services and referrals for clients as well as a shift to team work.

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[9] *Shaping Our Future: A Strategic Plan for Health and Wellness.* pp.6

The Department has also strengthened its relationships with territorial NGOs. These groups are partners in strategic initiatives identified in our 2000-03 business plan. In addition, last year we began to take a strategic approach to developing territorial public awareness campaigns. This approach includes selecting a few strong campaigns to implement over the course of a year, and working the appropriate NGOs and boards to identify key messages, methods of communicating these messages and related activities. Early feedback from NGOs indicates their enthusiastic support for this new partnership, and we will continue this work in 2000.

The Department is working with territorial professional associations to address staffing issues, including workplace safety, workload, chronic shortages of professionals. We are also collaborating with these agencies to develop new approaches to service delivery: our work to develop an NWT model of primary health care delivery currently involves the NWT Medical Association, NWT Registered Nurses Association. As this work develops, it will involve other professional groups as a key characteristic of this model is interdisciplinary team work by front-line workers of all professions.

A priority for the Department is accountability within the system — this includes NGOs who receive funding from either the Department or boards. The government has taken a results oriented approach to all activities supported through government funding (see *Towards a Better Tomorrow* [10]). It is not enough to simply continue offering services as we have been. We must demonstrate that these services, or new services, contribute to the desired results of this government.

For this reason, it is important that NGOs strike up partnerships and collaborative approaches to service delivery with each other and with government. For multi-year arrangements to be possible, NGOs must have their own multi-year planning processes that tie into the planning activities and priorities set for the Department and boards by our new government. For our part, we will examine current funding arrangements and administration requirements to ensure these policies meet our need to demonstrate accountability without placing undue strain on NGOs.

Finally, it is important to mention GNWT work that will contribute to the relationship between government and NGOs. The GNWT is taking some steps towards understanding the challenges facing the NWT volunteer sector and the kind of support it needs to continue to thrive. Social Envelope departments, including

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[10] *Towards a Better Tomorrow*. March 2000. NWT Legislative Assembly. pp.4

Municipal and Community Affairs; Education, Culture and Employment; Justice; NWT Housing Corporation and Health and Social Services are working with representatives from communities and the volunteer sector to develop an NWT volunteer strategy. The strategy will help northern volunteer organizations and the government work together to address the challenges now facing this sector.

## Detailed Response to Forum Task Items

### Forum Recommendations

**Task 23** **Develop multi-year funding programs for NGOs through the regional boards.**

**Task 24** **Ensure program funding is pooled to permit better integration of NGOs into the system.**

The Department does not have the authority to sanction multi-year funding arrangements. The *Financial Administration Act* currently does not permit such funding arrangements for any agency, including the Department and boards, that receives GNWT funding. It is important to note, however, that the Department and boards are currently able to enter into multi-year agreements with NGOs that are conditional to annual funding availability. For such agreements to be possible, NGOs must have their own multi-year plans that tie into the planning activities and priorities set for the Department and boards by our new government.

The Department has aligned NGO funding with appropriate territorial, regional or community boards. This move permits greater collaboration between agencies with similar mandates. In addition, the Department is working with federal and territorial counterparts to determine ways to improve the administration of community wellness funding from a variety of sources. Once an agreement between governments has been reached, the Department will be able to improve coordination of wellness funding to community groups.

Boards have been taking steps to involve NGOs in their annual program planning. For example, the Yellowknife board is actively involving NGOs in their business planning activities — they are "*beginning to plan program and service delivery co-operatively with NGOs who deliver other parts of the programs and services.*"

Greater involvement in these planning activities helps NGOs find ways to support each other, find efficiencies and coordinate programs with government and non-government partners.

**Forum Recommendation**

**Task 25 Encourage NGOs to develop resources which can be shared with other boards wishing to provide community services for children, the disabled and the elderly.**

The Department fully supports this recommendation; however, success in this area is dependent on the commitment by all partners to work together. For our part, the implementation of a system-wide planning and reporting cycle will assist boards and NGOs with identifying opportunities for sharing strategies and approaches to service delivery. As NGOs and boards develop closer working relationships, both agencies will be able to share successful approaches to service delivery, particularly for at risk groups and people with multiple needs.

The new pilot program offering post-trauma and healing services to women and children is an excellent example of what can be achieved when there is collaboration between the Department, boards and NGOs. This initiative brings together the expertise from all agencies to offer an innovative program that responds to an identified need.

The Department is preparing a new *HELP Directory* for 2000. This directory is a valuable resource to government and non-government agencies as it identifies the various community, regional and territorial agencies who provide health, social and related services in the NWT.

**Forum Recommendation**

**Task 26 Adjust social assistance requirements to permit the disabled to maintain dignity and control over their lives.**

While social assistance programming (income support) is the responsibility of the Department of Education, Culture and Employment, the Department of Health and Social Services recognizes that the welfare of disabled people is a shared responsibility. The departments are meeting regularly with an interagency committee in Yellowknife to discuss social reform. Through this committee, NGOs are working with the departments to identify gaps in service delivery and to prioritize issues that require our immediate attention.

A recent survey of the needs and service requirements of the NWT's disabled population will help focus and improve programs and service support to the disabled. The Department will use survey results to consult with other Social Envelope departments and NGOs on addressing unmet needs and gaps in service delivery.

The Department will be reviewing seniors programming needs in light of the recognized population growth in this age group.

## Links to Our Strategic and Business Plans

| Strategic Plan (Strategic Directions) | Business Plan for 2000-2003 (Initiatives) |
|---|---|
| • improve management of the system by clarifying roles and responsibilities of the department, boards, private service providers and nonprofit organizations<br><br>• improve the overall functioning of the public system of health and social services by promoting strong relationships between agencies and governments<br><br>• create a financially sustainable system through effective planning and management of financial resources<br><br>• improve the quality and effectiveness of programs and services through increased partnerships among service providers and improved monitoring and quality assurance activities<br><br>• increase partnerships within communities to improve service delivery and strengthen social supports | Board and Governance Reform<br>• develop clearer reporting and accountability requirements for system partners<br>• develop clearer working relationships for system partners<br>• continue to develop appropriate funding arrangements for boards and NGOs<br>• continue to align relationships between agencies with similar local, regional and territorial mandates<br><br>Health Promotion Initiative<br>• partnerships with NGOs to develop effective resources and public education campaigns<br><br>Continuing Care Initiative<br>• review of services for disabled in light of needs assessment outcomes<br>• review of services for seniors in light of changing needs due to rapidly increasing seniors population |

# Measuring Our Progress

## Forum Action Priority

**Provide regular reports on progress to the Legislative Assembly.** The Minister of Health and Social Services should be required to make semi-annual reports to the Legislative Assembly on progress made in implementing these action priorities.

(Note: No detailed tasks were proposed by the Forum.)

## Minister's Response

The Department currently is required to prepare mid-year and year-end reports on progress relating to our business plan. This reporting is tied in to the GNWT-wide activities of priority setting, planning and evaluation. Through these activities, the Department is able to participate in a broader exercise of accountability that involves many of our key partners, notably the Social Envelope departments. As all of the Forum recommendations relate to initiatives and activities already included in the Department's 2000-03 business plan, we will be reporting on these recommendations through standard reporting procedures of the GNWT's business planning process.

The Department will be developing an annual report this year and for subsequent years. Our annual report will include an overview of our progress on business plan initiatives, and highlight notable activities or accomplishments. This report will be distributed to our partners and made available to the public.

Another means of providing progress is to produce a series of reports on health status, service utilization and special topics. The Department has already produced the first report in this series, the *1999 NWT Health Status Report*. Our next report on service utilization is expected to be ready during this fiscal year. Special reports

profiling tobacco use, mental health, children and youth, and injuries are also in preparation. Together, these reports provide valuable baseline and trend data on key features of our system and NWT society. They are also vital for system-wide planning and priority setting.

## Links to Our Strategic and Business Plans

| Strategic Plan (Strategic Directions) | Business Plan for 2000-2003 (Initiatives) |
|---|---|
| • improve management of the system by clarifying roles and responsibilities of the department, boards, private service providers and nonprofit organizations<br><br>• improve the overall functioning of the public system of health and social services by promoting strong relationships between agencies and governments | Board and Governance Reform<br>• develop clearer reporting and accountability requirements for system partners |

# Other Issues

The Forum also identified several other areas which were not included as priority areas for action but were important enough to require mentioning as areas of concern.

**Medical Care** community concerns with apparent increases in rates of disease, such as diabetes, cancer and tuberculosis (TB)

The Department shares the concerns communities have about the prevalence of diabetes, certain cancers and tuberculosis. It can be said that these diseases all have something in common: the prevalence of these diseases can be reduced with changes to personal lifestyle choices people make. By helping people make more informed, healthier choices, we can reduced the number of people who get these diseases.

The *1999 Health Status Report* highlights numerous areas where the health of NWT people is comparable to, or even better than, the rest of Canada. However, the report also highlights areas where our health can, and should, be improved.

Diabetes: Diabetes is an emerging health issue, particularly for Aboriginal people. Type II diabetes is strongly linked to lifestyle choices, including diet, obesity and exercise.

Cancer: Mortality due to cancer (overall) in the NWT is comparable to that of the rest of Canada. The major cancers leading to death were lung cancer and digestive cancer, both of which have strong links to lifestyle choices (e.g., tobacco use and diet).

TB: During 1990 to 1998, the TB rate in the NWT was nearly eight times greater than the Canadian rate but the number of reported cases varied quite a bit from year to year. In addition, while the rate of TB is relatively high, the actual number of cases is low, so it is difficult to really know if there might be a decreasing trend for this disease.

What we do know is that TB is highly preventable and treatable. By reducing risks like over-crowded housing, smoking, malnutrition, infections and chronic disease, we can make a big difference. In addition, by improving intervention and treatment, we can reduce the risk of transmission and developing more resistant strains of TB.

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| **Medical Travel** | local care options may not meet the needs of some patients recently released from hospital |
| | consider shared services agreements to look after Northerners sent to Edmonton for medical attention |

Improvements in home and community care services will help to ensure that patients released from hospital receive the follow up care they require. Telehealth may also provide opportunities for patients to receive follow up care in the NWT.

The Department already has in place an agreement with the Capital Health Authority to provide coordinated access to services for people who require services that are located outside of the NWT. This agency is the regional health authority for the Edmonton (Alberta) area which provides the following services to NWT people:

- medical and hospital services offered through six facilities;
- discharge planning and patient advocacy services offered through the Northern Health Service Network; and
- boarding home services for status Indians and Inuit patients provided by Larga Homes. This agency also coordinates non-emergent ground transportation and, at the client's request, in-house Aboriginal language interpretation services and northern country foods are made available.

The Department and boards hold regular meetings with the Northern Health Service Network to identify and resolve issues relating to the provision of services.

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| **Dental Care** | quality of dental care in the NWT is declining due to: (1) rules regarding registration of dentists, resulting in a shortage of dentists; and (2) changes in federal administration and regulation of Non-Insured Health Benefits. |

The Department agrees that these issues are impacting on dental services in the NWT. Changes to these benefits have created issues in service delivery, both in terms of the type of service/treatment offered as well as the timeliness of the service. Department staff are working to identify possible options. Negotiations with the federal government regarding Non-Insured Health Benefits are ongoing.

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| **Elder Care** | facilities and services for elders need upgrading |
| | elders must move far from their families to receive care |
| | budget cuts are causing declines in services while the seniors population is increasing |
| | adequate incomes, protection from abuse and more rehabilitation to ensure quality of life |

Services to seniors remains a high priority for the Department. Over the past two years, our focus on continuing care has led to improvements in home and community care throughout the NWT. For example, the Fort Simpson seniors facility has been renovated to provide a more appropriate match to seniors' needs for services. In addition, new NWT standards for home care and long term care facilities are being introduced. The Department also introduced a new assessment and placement tool to ensure an appropriate match between client needs and available services. This new tool, combined with an improved placement process, helps to ensure that seniors get the services they need as close to home as possible.

These investments mean more elders are able to receive quality care closer to home. They also mean improved quality of life as seniors are closer to their families, communities and culture.

Through a joint Federal-Aboriginal initiative, home and community care services in the NWT will be enhanced. This investment will support the Department's move to making palliative care more available (where possible) at the community level.

The Department has done some preliminary research into the development of a personal care directive. A personal care directive would provide people with the opportunity to express their preferences for health care treatment when faced with end-of-life decisions. The use of personal care directives will require the development of appropriate legislation.

This year, we are examining the potential impact our increasing seniors population may have on the current network of services. This review will permit the Department to forecast service demand and resourcing issues.

The Department recognizes that quality of life is influenced by more than just adequate health services. We are working with the Social Envelope departments and other partners to ensure that seniors programs work together towards providing adequate social supports in a manner that improves quality of life, protects from abuse, maintains dignity and strengthens connections with youth, families and communities.

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| **The Environment** | quality of the drinking water |
| | lack of treatment for municipal and industrial waste may be affecting health |

The quality of drinking water in every household and every community is of prime concern to the Department. Water quality is essential for good health and hygiene. The Department and health and social services boards will continue to work with communities and other departments to ensure that drinking water is safe for everyone.

The Department has initiated an inter-departmental committee on drinking water to ensure that all GNWT departments (Public Works and Services, Municipal and Community Affairs, and Health and Social Services) that are involved in the supply, treatment and monitoring of drinking water ensure that supplies conform with national guidelines and regulations.

The Department participates in the environmental review and water licencing processes to ensure that the discharge of municipal or industrial waste does not have any impact on human health.

# Action for 2000

The NWT health and social services system is complex. With as many partners as we have, it is important to set common direction for action.

The 1999 Minister's Forum on Health and Social Services has provided us with an excellent opportunity to examine the system-wide strategic directions set out in our strategic plan. As the Forum report confirms, our strategic plan does, in general, represent the views of the people they heard from during their consultations. The Forum report also provides a great opportunity to bring momentum and further action to the initiatives and actions identified for 2000 in our current business plan.

We welcome the insight and views expressed by the Forum. In this report, we have identified how the Department will respond to the recommendations of the Forum. We commit to referencing this document this year and in the coming years when developing strategies and action plans for our most pressing issues.

Boards will be working with the Department to respond to the findings of the Forum in order to develop more responsive programming and to strengthen partnerships with government and non-government agencies at the regional and community level. Boards have a particularly important role in ensuring team work at the community level — one that brings together government and non-government front-line workers with a united interest of improving the health and well-being of individuals, families and communities.

We have a new territory, a new government and a renewed commitment — we look forward to the opportunities for improving our services to Northerners!